

Bridge Application



Head of Household Printed Name	Telephone Number
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To be eligible for the Bridge Process, families must meet minimum qualifying criteria. This form is designed to help you provide information on your family's circumstances to determine if you meet the qualifying criteria and if eligible, determine the type of assistance you may be offered.

1) Do you meet the minimum qualifying criteria? (Answer each question Yes or No)

- Yes No My family has had a change that significantly impacts my family's income.
- Yes No The change will last at least 90 days.
- Yes No The change causes my family to pay more than 50 percent of our monthly income toward rent and tenant-paid utilities.

- If you answered "**No**" to any of the questions above, **STOP**; you do not appear to qualify for the Bridge Process. If you have questions or would like information on other resources in your community, please contact your local AHFC representative.
- If you answered "**Yes**" to all questions above, please **complete the rest of this application** and follow all instructions for verifying your family's composition, income, and circumstances.

2) Tell us about the extraordinary change you have experienced. Check the box by the statement that best describes your change **and**, where applicable, provide the additional information requested.

- One or more family members with income have permanently left my household.
- My family has experienced an unexpected income loss not related to family members leaving my household.
- A family member's medical or health condition is preventing a work-able adult from working or is causing a reduction in work hours for a currently employed adult.
- My family pays more than 50 percent of adjusted monthly income for shelter due to unreimbursed medical expenses (head, spouse or co-head must be at least 62 years of age).
- My family pays more than 50 percent of adjusted monthly income for shelter due to unreimbursed child care expenses for a child 12 years of age or younger that allows an adult family member to work, search for work, or further his/her education (academic or vocational).
- Other: None of the above circumstances apply to my family. Please explain the change below



Explain how the change selected in #2 has led to your financial hardship. (If you selected “Other” please first explain the change).

3) How long do you expect the change (selected in number 2) **to affect your family’s income and ability to pay rent?** Provide both the time frame and reason you expect the change to last for the given amount of time.

4) What type of hardship relief/assistance are you requesting? (check only one box)

- A rent decrease based on reduced income or increased expenses
- An extension to the five year term limit for participation in the Step program
- Other: Describe what you are requesting.

5) How has your family tried to meet its financial needs in response to this change?

a) We have applied for or are seeking (check all that applies):

- | | |
|--|--|
| <input type="checkbox"/> New or Additional Employment | <input type="checkbox"/> Medical Insurance (i.e. Medicaid) |
| <input type="checkbox"/> ATAP/TANF | <input type="checkbox"/> Other Counseling or Case Management |
| <input type="checkbox"/> Child or Day Care Assistance | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Veteran’s benefits |
| <input type="checkbox"/> Disability benefits (i.e., SSA/SSI/APA) | <input type="checkbox"/> Vocational Counseling |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Worker’s Compensation |
| <input type="checkbox"/> Heating Assistance | <input type="checkbox"/> A move to a less expensive unit |
| <input type="checkbox"/> Jumpstart | |
| <input type="checkbox"/> Other, Explain below | |

b) If you have applied for new income, when do you anticipate the new income to start?

c) If you have not checked any of the options in “a” above, or the attempts you have made are not included in the list, explain what you have done to try to meet your family’s financial needs.

6) Is there anything else related to your change in circumstances you feel is important for AHFC or the Bridge Committee to consider? If yes, please explain.

7) Family Composition, Income and Deductions

Each change in circumstance (income source, expense, departure of household member(s), inability to work due to health or medical condition) must be verified. **See the Income and Composition Information page for how to verify each income source, change in family composition, and expense.**

- a) If you indicated your family has lost income, complete the chart below to tell us about the lost income.

Family Member Name	Income Source(s)	End Date	Member Left Household?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

- b) List all persons **currently** living in your household:

Name	Age	Name	Age

- c) List any persons in your household who are over the age of 18 and full-time students:

Name	School Name	Reside at School?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- d) List all persons living in your household who did not receive the most recent Alaska Permanent Fund Dividend.

Family Member Name	Reason (garnished, not eligible, didn't apply)

- e) **Family Income:** Please list all income received by all persons **currently** living in your household. This list should include all monies received each month from all sources (even if AHFC does not count the income when determining annual income).

Name of Family Member Tied to Income	Income Description	Monthly Amt. (\$)

- f) **Expenses:**

- If you are claiming **medical expenses**, complete the Medical Expense List page of the application and provide verifications as instructed.
- If you are claiming **child care expenses**, complete the table below and provide at least three consecutive receipts for your family’s out-of-pocket expenses.

Child’s Name	Monthly Amt. (\$)

Child Care Provider	Address

- g) If a family member’s **health or medical condition is preventing a work-able adult from working or is causing a reduction in work hours**, provide the information below so AHFC can verify when the work-able adult will be released to work. **AHFC will not request any personal or confidential information describing a medical or health condition.**

Work-Able Adult Name	Family Member with Health/Medical Condition

Name of Medical Provider for Family Member with Health/Medical Condition

Address

Telephone Number

8) Personal Declaration

- a) I do hereby attest that all the information provided in this application about my household members and me is true and complete, and I have read the warning below.
- b) I understand that I must report any changes in family composition and income in writing to AHFC within ten (10) business days of the change.
- c) In response to an unexpected loss of income, AHFC may offer my family a three-month decrease in rent (Safety Net) as part of the preliminary review of my application.
 - o I understand I must enroll and participate in Jumpstart to be considered for any extension of the Safety Net. Jumpstart is AHFC’s Family Self Sufficiency Program that assists families who wish to increase income through employment.
 - o I understand work-able adults in the household must be willing to seek and obtain employment or become actively engaged in job training (any adult family member can fulfill this requirement).
 - o Any extensions to a Safety Net will be based on my family’s employment barriers and participation in efforts to achieve financial self-sufficiency.
- d) All requested documents that verify the change in circumstances, the family income, and family actions are attached.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form.

Current Mailing Address

Head, Spouse, or Co-Head of Household Signature

Date

Printed Name

Income and Composition Information



Loss of a Family Member

The family must provide proof of the change in family composition. Examples of verification documents include:

- For family members no longer in the household, provide proof of death, proof of new address, or a statement from the departing household member
- If you are unable to provide one of the above, you may sign a Loss of Family Member Declaration form.

Family Income Loss

For loss of income, the family must provide proof that the income has stopped and date income ended. Verification may include:

- Benefit printout or statement showing end of benefits and reason for end
- Letter from benefit provider showing why and when benefits ended
- For job loss – employment termination letter including date of termination or job layoff notice including last day of work

Current Family Income

The family must provide proof of all income currently received or anticipated within the next 12 months. Samples of verification for various income types are described below.

- Salaries or Wages – letter from an employer that includes start date, rate of pay, work schedule, gross pay to date, etc., **OR** four to six current, consecutive pay stubs that include periodic gross pay amount, year-to-date gross earnings, etc.
- For individuals that are self-employed, the most recent IRS tax filing
- Statements or benefit letters showing the amount and payment schedule for other sources of income such as alimony, Alaska Native corporation payments, annuities, Armed Forces wages, child support, disability income, insurance payments, pensions, retirement account payments, senior benefits, settlements, Social Security, trust payments, unemployment, veteran's benefits, or welfare assistance (ATAP or TANF)

Family Expenses

For each of the following, provide at least three (3) consecutive months of statements or receipts. For expenses claimed so an adult can work, AHFC will not count any expenses that exceed the amount of income earned.

- Out-of-pocket medical expenses, complete the Medical Expense List attached to this form.
- Out-of-pocket expenses the family must pay for childcare for a child (under 13 years of age) so that an adult family member can work or attend school. If the expenses are to allow an adult to attend school, you must also provide proof of enrollment and hours of attendance.